

# Congressman Elijah E. Cummings

## Request for Assistance

### Instructions:

*Many federal and state agencies require that an individual complete a Privacy Act Release before my office can request an investigation. In order to speed processing of your case, please complete the following form and return it, along with your letter and any supporting documents, to my office.*

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (H): ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone (W): ( \_\_\_\_\_ ) \_\_\_\_\_

**NOTICE:** THE PRIVACY ACT OF 1974 REQUIRES THAT WRITTEN CONSENT BE OBTAINED FROM THE CONSTITUENT BEFORE INFORMATION CAN BE OBTAINED FROM RECORDS WITH A GOVERNMENT AGENCY. IN ORDER THAT I MIGHT ACT ON YOUR BEHALF, I WOULD APPRECIATE YOUR SIGNING AND RETURNING THE FOLLOWING STATEMENT TO ME. (IF YOU ARE INQUIRING ON BEHALF OF SOMEONE OTHER THAN YOURSELF, THAT INDIVIDUAL WILL NEED TO SIGN THIS PRIVACY RELEASE FORM).

Dear Congressman Cummings:

This is to authorize you to secure information as you may deem necessary pertaining to my request for your assistance.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Nature of Problem/Agency Involved:

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